

Introduction to Submission by Commission for Children and Families to Ad Hoc MHSA Committee.

The Commission for Children and Families appreciates its inclusion in the collaborative process of the SLT and the Ad hoc Committee on the new 3 Year MHSA Plan. However, the Commission believes in planning for the next 3 year period, that it is important to remember that programs for children were not up and running at the outset of our MHSA implementation, as they were for adults and older adults. The State statute calls for 51% of PEI MHSA expenditures to be spent on children. It also requires that MHSA dollars not be used to supplant existing dollars. Therefore, with respect to our recommendations, we ask for long-term funding, not just one year and fulfillment of the 51% mandate with MHSA only dollars.

We believe the priorities that the Commission is recommending all meet the goal of prevention and prevention is an aspiration of all six principles listed in your mailing. The ACE (Adverse Children's Experience) study by Kaiser Permanente, found that if a child has three to five adverse childhood experiences they will develop chronic illnesses or diseases as an adult. PEI and CSS programs can avert that result and MHSA dollars are the only source of prevention for children to reach those goals.

We ask that MHSA dollars be used to provide immediate services, for the most vulnerable population, and that they be implemented for a 3 year period.

CHILDREN		FUNDING			PRINCIPLE*	STRATEGY**
		PEI	CSS	WET		
1.	Children not eligible for EPSDT	X	X			
2.	Wellness centers with an emphasis on 0 to 5 children and families, and expansion of PCIT		X			
3.	Children 0 – 5 Years Old/ Training for 0- 5 providers (WET)			X		
4.	Parent advocates (Prefer if funding came from WET if used for training)			X		
5.	School based health/mental health clinics; including PEI for 0 to 5 pre-school children	X	X			
6.	Respite care for foster care or Kinship caregivers		X			
7.	Health clinics (Better coordination between DMH, DCFS, DPH to identify Post natal depression services and identification and referral of traumatized children 1 to 5 who are currently not in the child welfare system)					System Change
TAY		FUNDING			PRINCIPLE*	STRATEGY**
		PEI	CSS	WET		
1.	Services for victims of sex trafficking	X	X	X		
2.	Continuing funding for crossover youth	X	X			
3.	TAY housing including services					
4.	Services for Probation youth at home who have never been to camps	X				
5.	Outreach to communities to educate and market available services and programs including TAY navigators	X	X			
6.	Youth not eligible for EPSDT	X	X			
7.	Wellness centers for TAY		X			